STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER Selby Record		2. DATE 09-22-11
3. FREQUENCY OF ISSUE Weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY 52	3B. ANNUAL SUBSCRIPTION PRICE $ $25/30/33

4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) 4411 Main St., Selby, Walworth County, SD, 57472-0421

5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) Same

6. FULL NAME OF PUBLISHER: Sharon Wolff

7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.

FULL NAME — COMPLETE MAILING ADDRESS

Sharon Wolff, Box 421, Selby, SD, 57472

8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	1100	1100
B. PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors and counter sales.	85	54
2. Mail Subscription (Paid and or requested)	929	929
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	1014	983
D. FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS		
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES		
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	1014	983
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	76	107
2. Return from News Agents	10	10
G. TOTAL (Sum of E, F1 and F2 – Should equal net press run shown in A)	1100	1100

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public

I swear that the statements made by me are true, correct, and complete:

Sharon Wolff (Signature) — owner (Title)

State of South Dakota)

County of Walworth) §

(Seal)

Sworn to before me this 21 day of [illegible], 20[illegible]

[illegible] Notary Public

SEAL SHERYL MOON NOTARY PUBLIC State of South Dakota My commission expires SEAL

Sheryl Moon
My Commission Expires
May 27, 2015

Form: SOS REC 051 7/2004